

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711304

1. Entity Name

WINTER PARK RETIREMENT CENTER INC.

Principal Place of Business

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789

Mailing Address

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1258858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRICHTON, ARTHUR C.
2761 WILL-O-TH-GREEN
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COLEMAN, WILLIAM H
STREET ADDRESS 102 WATER OAK LANE
CITY-ST-ZIP ALTAMONT SPRINGS FL ☐ Delete

TITLE VD
NAME OLSEN, ED
STREET ADDRESS 620 GAINES WAY
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE SD
NAME MARGERY, KENNEDY
STREET ADDRESS 900 S LAKE SYBELLA DR
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE TD
NAME BALDWIN, MOZELLE
STREET ADDRESS 1358 RICHMOND RD.
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE VD
NAME ROTENBERGER, DAVID
STREET ADDRESS 2304 CHINOOK TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE D
NAME BATTEN, JAMES SR
STREET ADDRESS 115 HOLLIE CT
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME RALPH PAUL
STREET ADDRESS 1851 GERONIMO TR.
CITY-ST-ZIP Maitland, FL. 32751 ☐ Change ☒ Addition

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91643 011 ****61.25



DO NOT WRITE IN THIS SPACE

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